MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

813.5 170 C 1011 Reg. Dist. No. 354

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Stockton | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
WILLIAM	JAMES	BAYLIS	January	18	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	white	single	July 13, 1941	7 yrs.	—	—	—	—

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
—	—	Virginia	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Harmon Baylis	Lucille G. Watson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
—	—	Norman Baylis

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Head injuries — Probably Fracture Base of Skull

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
Accident	highway	near Stockton	Worcester	Md

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY Ooccur?
Jan 18 1949 m.		Struck by Auto while riding bicycle

22. I hereby certify that I attended the deceased from Jan 18 1949, to ....., 19....., that I last saw the deceased alive on Jan 18, 1949, and that death occurred at 6:30 P.M., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
N. S. Jackson	M.D.	Snow Hill Md.	

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Jan 21-1949	Ramson Cemetery	Worcester	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Jan 22 1949	Mary M. Taylor	Henry H. Watson	Pocomoke Md.

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JAN 25 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

812.5 1012 170 C

Reg. Dist. No. 351

1. PLACE OF DEATH (7) COUNTY In transit to Hospital WORCESTER CO. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Snow Hill
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland. COUNTY Worcester.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Snow Hill
STREET ADDRESS (If rural give location) 237 Shipyard Alley

3. NAME OF DECEASED (Type or Print) (First) Inez. (Middle) (Last) Butler.
4. DATE OF DEATH (Month) 1 (Day) 23 (Year) 1949
5. SEX Female.
6. COLOR OR RACE Colored.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH May 5 - 1899
9. AGE last birthday 49-8-18 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (State or foreign country) Surry, Virginia
12. CITIZEN OF WHAT COUNTRY? —
13. FATHER'S NAME Unknown
14. MOTHER'S MAIDEN NAME Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT Willie Butler

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Broken neck also right leg.

Antecedent cause(s) Struck by auto while crossing

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) road - (on foot)

(c)

INTERVAL BETWEEN ONSET AND DEATH: 1 1/4 Hour +

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Road (CITY OR TOWN) near Snow Hill (COUNTY) Worcester (STATE) Md
TIME OF INJURY (Month) Jan (Day) 23 (Year) 1949 (Hour) 5 P.M.
INJURY OCCURRED While at Work ☐ Not While At work ☒
HOW DID INJURY OCCUR? Struck by automobile

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I ~~last~~ saw the deceased alive on Dead 1/23/49, and that death occurred at 6.45 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
W. E. Sartorius M.D. Dep. Med. Examiner Pocomoke City Md 1/23/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Jan. 27/49
NAME OF CEMETERY OR CREMATORY Surry Methodist
LOCATION (City, town, or county) (State) Surry, Surry, Virginia

DATE REC'D BY LOCAL REG. 1/25/49
REGISTRAR'S SIGNATURE LeRoy Smith
24. FUNERAL DIRECTOR Alay E. Timms ADDRESS Snow Hill, Md

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

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CERTIFICATE OF DEATH

Reg. Dist. No. 350

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Pocomoke Md.
LENGTH OF STAY (in this place) 4 1/2 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Virginia COUNTY Accomac
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sanford
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) COVINGTON (Middle) V (Last) CORBIN

4. DATE OF DEATH (Month) Jan (Day) 18 (Year) 1949

5. SEX male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH Nov 27, 1858
9. AGE last birthday 90 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME James Corbin
14. MOTHER'S MAIDEN NAME Ellen Broadwater

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If year, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT C. H. Corbin

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myocardial Degeneration

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) V

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: Years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 13, 1949, to Jan 18, 1949, that I last saw the deceased alive on Jan 13, 1949, and that death occurred at 6 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) E. Clifton M.D. ADDRESS Jane Shack, Va. DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Jan 20-1949
NAME OF CEMETERY, OR CREMATORY Downing Cemetery
LOCATION (City, town, or county) Oak Hall, Accomac (State) Va.

DATE REC'D BY LOCAL REG. Jan. 20, 1949
REGISTRAR'S SIGNATURE Anne E. White
24. FUNERAL DIRECTOR Henry S. Watson ADDRESS

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

420.1 1014

CERTIFICATE OF DEATH

94a Reg. Dist. No. 350

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Pocomoke
LENGTH OF STAY (in this place) 48 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Pocomoke
STREET ADDRESS (If rural give location) —

3. NAME OF DECEASED (Type or Print) (First) ROBERT (Middle) S (Last) CUSTIS

4. DATE OF DEATH (Month) January (Day) 20 (Year) 1949

5. SEX Male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Jan 31, 1900
9. AGE last birthday 48 yrs. | If under 1 year Months | Days | If under 24 hrs. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Maryland. Worcester
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME Luther J. Custis
14. MOTHER'S MAIDEN NAME Nancy L. Hinman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If year, give war or dates of service) War #1
16. SOCIAL SECURITY NO. —
17. INFORMANT Harry Custis

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Embolism ?

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ✓

(c) ✓

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 8, 1949, to Jan 20, 1949, that I last saw the deceased alive on Jan 15, 1949, and that death occurred at 12.10 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) C. E. Cutcher ADDRESS Jean Church Co. DATE SIGNED 1-22-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Jan 23-1949
NAME OF CEMETERY OR CREMATORY Lime Cemetery
LOCATION (City, town, or county) Rural Pocomoke (State) Md.

DATE REC'D BY LOCAL REG. Jan. 23, 1949
REGISTRAR'S SIGNATURE Anne E. White
24. FUNERAL DIRECTOR Henry H Watson, ADDRESS Pocomoke Md.

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JAN 25 1949
BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

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CERTIFICATE OF DEATH

Reg. Dist. No. 351

1. PLACE OF DEATH — COUNTY: Worcester — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Gridletree — LENGTH OF STAY (in this place): 24 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md — COUNTY: Worcester
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Gridletree
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED (Type or Print) (First) Lida (Middle) May (Last) Gray

4. DATE OF DEATH (Month) Jan. (Day) 8 (Year) 1949

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Nov. 5 - 1890
9. AGE last birthday: 58 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Assateague Beach, Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Henry Birch
14. MOTHER'S MAIDEN NAME: Fannie Wharton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Lloyd Mumford, Gridletree

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cancer of breast — 2 yr

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus

19a. DATE OF OPERATION: unknown
19b. MAJOR FINDINGS OF OPERATION: Cancer of breast
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1944, to Jan 8, 1949, that I last saw the deceased alive on Jan 8, 1949, and that death occurred at 2:00 P m., from the causes and on the date stated above.

SIGNATURE: Paul Cohen (Degree or title) M.D — ADDRESS: Snow Hill Md — DATE SIGNED: 1-9-49

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: Jan. 10/49 — NAME OF CEMETERY OR CREMATORY: Pilgrim Hallin Church Cemetery — LOCATION (City, town, or county) (State): Gridletree, Worcester, Md

DATE REC'D BY LOCAL REG.: 1/10/49 — REGISTRAR'S SIGNATURE: LeRoy Smith — 24. FUNERAL DIRECTOR: Clay E. Dennis — ADDRESS: Snow Hill, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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JAN 13 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

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CERTIFICATE OF DEATH

Reg. Dist. No. 1016
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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Worcester; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Snow Hill; LENGTH OF STAY (in this place) 32 to 33 yrs; MARYLAND; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Worcester; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Snow Hill; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) MISSOURIA (Middle) MAY (Last) HANCOCK

4. DATE OF DEATH: (Month) Jan. (Day) 29 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: May 2, 1877

9. AGE last birthday: 71 yrs. If under 1 year: Months 8 Days 27 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Wm. Hathaway

14. MOTHER'S MAIDEN NAME: Louisa Marriner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Hilary P. Hancock

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Pulmonary Edema — Interval Between Onset and Death: 1 day.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Hypertensive Cardiovascular Renal Disease — 5 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis — None

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 6, 1948, to Jan. 29, 1949, that I last saw the deceased alive on January 28, 1949, and that death occurred at 1:00 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Robert L. LeMar, M.D. ADDRESS: Snow Hill, Md. DATE SIGNED: 1-30-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: Jan. 31, 1949 — NAME OF CEMETERY OR CREMATORY: Bates Meth. Cemetery — LOCATION (City, town, or county) (State): Snow Hill Md.

DATE REC'D BY LOCAL REG. 1/31/49 — REGISTRAR'S SIGNATURE: LeRoy Smith

24. FUNERAL DIRECTOR: N. A. Shields — ADDRESS: New Church, Va.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

260

CERTIFICATE OF DEATH

61

Reg. Dist. No. 355

1. PLACE OF DEATH· COUNTY Worcester MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED· STATE Maryland COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berlin — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berlin
HOSPITAL OR INSTITUTION OR STREET ADDRESS ✓	STREET ADDRESS (If rural give location) Route #3

3. NAME OF DECEASED (Type or Print)	(First) Lula	(Middle) Gertrude	(Last) Henry	4. DATE OF DEATH	(Month) 1	(Day) 31	(Year) 1949
5. SEX Fem	6. COLOR OR RACE col	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH 1890	9. AGE last birthday 59 yrs.	If under 1 year Months	Days	If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework	10b. KIND OF BUSINESS OR INDUSTRY Same	11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.A				
13. FATHER'S NAME Henry Henry	14. MOTHER'S MAIDEN NAME Ellen Massey						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service) ✓	16. SOCIAL SECURITY NO. no	17. INFORMANT Mrs. Charlotte Brittingham					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Hypostatic Pneumonia	5 days.
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Anemia vs & Nephrosclerosis	2 yrs.
	(c) Diabetes Mellitus	10 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify) —	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) 1 (Day) 31 (Year) 49 (Hour) 6:30 p.m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1947, to Jan 31, 1949, that I last saw the deceased alive on Jan 31, 1949, and that death occurred at 6:30 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Leonard Robbins	M.D.	Berlin, Md	4 Feb 49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	2-6-49	Germantown	Berlin	Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Feb. 4, 1949	Helen F. Hayward	James F. Stewart	402 E. Church St. Salisbury, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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FEB 8 1949
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

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CERTIFICATE OF DEATH

Reg. Dist. No. 351

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Worcester; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Newark; MARYLAND; LENGTH OF STAY (in this place) 73 years; HOSPITAL OR INSTITUTION OR STREET ADDRESS	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Worcester; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Newark; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	George	W.	Jackson		Jan.	30	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	June 20-1875	73-7-10 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Railroad Brakeman	Railroad	Newark Md	a

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John H. Jackson	Eliza Easton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yr., give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
no	none	Mrs Virginia J. Seffell

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Chronic Myocarditis	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-1-48, 19..., to 1-30, 1949, that I last saw the deceased alive on 1-29-49, 19..., and that death occurred at 8:30 P.M., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Clifford E. Ockett M.D.		Berlin Md.	

23. BURIAL, CREMATION OR REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Feb. 1-1949	Bowen	Newark	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1/31/49	LeRoy Smith	Riley & Timmis	Snowhill Md

VS. A15

RECEIVED
FEB 1 1949
BUREAU T. A.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

442 / 1319 — 1019 — Reg. Dist. No. 351

1. PLACE OF DEATH:
County: Worcester
City or town: Snow Hill Rural #1
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 85 years
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Worcester
City or town: Snow Hill Rural #1
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war: No

3.(a) FULL NAME: George Alfred Johnson

3.(b) Social Security Number: None

4. Sex: Male
5. Color or race: Colored
6.(a) Single, married, widowed, or divorced: Widowed
6.(b) Name of husband or wife: Maggie Johnson
6.(c) If alive, give age ... years
7. Birth date of deceased (mo., day, yr.): June 25 — 1863

8. AGE: Years: 85 Months: 6 Days: 7 If less than one day ... hrs. ... min.

9. Birthplace: Snow Hill, Worcester, Md
(Town, county, and state)
10. Usual occupation: Farmer
11. Industry or business
FATHER
12. Name: James Davis
13. Birthplace: Maryland
MOTHER
14. Maiden name: Unknown
15. Birthplace
16. Informant: Mr Rascoe T. Johnson
Address: Snow Hill, Md Rural #1
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Jan. 5/49 (month) (day) (year)
Cemetery or crematory: Mt Wesley
Location: Snow Hill Md
18. Funeral director: Clay E. Dennis
Address: Snow Hill Md
19. 1/3 1949 (Date rec'd by registrar) LeRoy Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: January 2 1949, at 1 25 A M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 15 1948, to Jan 2 1949
and that I last saw him alive on Jan 1, 1949 19
Immediate cause of death: Acute Pulmonary Edema — DURATION: 3 days.
Due to: Hypertensive Cardiovascular Renal disease — 10 yrs
Due to:
Other conditions: Urethral Stricture — 5 yrs.
(Include pregnancy within 3 months of death)
Major findings of operations: Urethral Stricture found when Suprapubic Cystotomy done Date of op. Dec. 16, 1948
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide ... Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury ... Injured at work?

23. SIGNATURE: Robert L. La Mar, M.D. (M. D. or other)
Address: Snow Hill Date signed 1/3/49

VS A15 9-45-15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

M

I

RECEIVED
JAN 6 1949
BUREAU V. S.

1020

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

916.0
180

CERTIFICATE OF DEATH

Reg. Dist. No. 351

1. PLACE OF DEATH — COUNTY: Worcester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Newark Rural #1 — LENGTH OF STAY (in this place): 2 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Newark Rural #1
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED (Type or Print) (First): Samuel (Middle): James (Last): Johnson
4. DATE OF DEATH (Month): Jan (Day): 10 (Year): 1949
5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: May 9-1946
9. AGE last birthday: 2-8-1 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Snow Hill, Md
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Charles A. Dennis
14. MOTHER'S MAIDEN NAME: Bertie Johnson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Bertie Johnson Newark, Md Rural #1

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Burned by fire - (Home burned down)

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: None
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT ~~SUICIDE~~ ~~HOMICIDE~~ (Specify): Accident
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): Home — (CITY OR TOWN): near Newark — (COUNTY): Wo. — (STATE): Md.
TIME OF INJURY (Month) 1 (Day) 10 (Year) 49 (Hour) 11:45 a.m.
INJURY OCCURRED While at Work ☐ Not While At work ☒
HOW DID INJURY OCCUR? Home burned down

22. I hereby certify that I ~~attended~~ examined the deceased ~~from~~ ....., 19....., to Jan 11, 1949, that I last saw the deceased ~~alive~~ dead on Jan 11, 1949, and that death occurred at 11:45 p.m., from the causes and on the date stated above.

SIGNATURE: F. Waesche, M.D. (Degree or title) (D.M.E.) — ADDRESS — DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: Jan. 11/49 — NAME OF CEMETERY OR CREMATORY: Mt. Wesley — LOCATION (City, town, or county): Snow Hill — (State): Md
DATE REC'D BY LOCAL REG.: 1/11/49 — REGISTRAR'S SIGNATURE: LeRoy Smith
24. FUNERAL DIRECTOR: Alay E. Dennis Snow Hill — ADDRESS: Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 13 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

442 / 1318 1021 Reg. Dist. No. 351

1. PLACE OF DEATH COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Snow Hill
LENGTH OF STAY (in this place) 8 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED STATE Worcester COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Snow Hill
STREET ADDRESS (If rural give location) Rail-road Ave.

3. NAME OF DECEASED (Type or Print) (First) Tillie (Middle) (Last) Johnson
4. DATE OF DEATH (Month) Jan. (Day) 25 (Year) 1949
5. SEX Female
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH Dec. 5-1898
9. AGE last birthday 50-150 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (State or foreign country) Mardela, Md
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Unknown
14. MOTHER'S MAIDEN NAME Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT William Purnell

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Vascular Accident. — 4 days

Antecedent cause(s) (b) Hypertensive Cardiovascular Renal Disease. — 10 yrs.

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 20, 1949, to Jan 25, 1949, that I last saw the deceased alive on Jan 25, 1949, and that death occurred at 12:30 P.m. from the causes and on the date stated above.

SIGNATURE Robert Da La Mar, M.D. (Degree or title) ADDRESS Snow Hill, Maryland DATE SIGNED 1·26·49

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE Jan. 28/49 NAME OF CEMETERY OR CREMATORY Baptist LOCATION (City, town, or county) Snow Hill (State) Md

DATE REC'D BY LOCAL REG. 1/27/49 REGISTRAR'S SIGNATURE LeRoy Smith
24. FUNERAL DIRECTOR Alay E. Timmis ADDRESS Snow Hill, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 1 1949
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

443 932 : 1022

CERTIFICATE OF DEATH

Reg. Dist. No. 351

1. PLACE OF DEATH — COUNTY: Worcester — MARYLAND — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Snow Hill — LENGTH OF STAY (in this place): 56 years — HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Worcester — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Snow Hill — STREET ADDRESS (If rural give location):

3. NAME OF DECEASED (Type or Print): (First) Elizabeth (Middle) A. (Last) Powell

4. DATE OF DEATH: (Month) Jan. (Day) 10 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Oct. 24-1871

9. AGE last birthday: 77-2/6 Yrs. — If under 1 year: Months — If under 24 hrs.: Days / Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Berlin, Md.

12. CITIZEN OF WHAT COUNTRY: U.S.

13. FATHER'S NAME: Jenkins Timmons

14. MOTHER'S MAIDEN NAME: Rachel C. Farmer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Edward H. Timmons

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Congestive Heart Failure	2 yr
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Myocarditis	unknown
	(c) Arteriosclerosis & Hypertension	unknown

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death: None

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 19 48, to Jan 10, 1949, that I last saw the deceased alive on Jan 10, 1949, and that death occurred at 4:30 A m., from the causes and on the date stated above.

SIGNATURE: Paul Green (Degree or title) — ADDRESS: Snow Hill Md. — DATE SIGNED:

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: Jan 13/49 — NAME OF CEMETERY OR CREMATORY: Whatcoat — LOCATION (City, town, or county): Snow Hill, Md. (State)

DATE REC'D BY LOCAL REG.: 1/11/49 — REGISTRAR'S SIGNATURE: LeRoy Smith

24. FUNERAL DIRECTOR: Clay C. Timmis — ADDRESS: Snow Hill, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 13 1949
BUREAU V. S.

EVIDENCE FOR CHANGE ITEM # 18 IS ON:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

422.2 / 93d 1023

Reg. Dist. No. 355

FILE No. G 119 MAR 10 1949

1. PLACE OF DEATH — COUNTY: Worcester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural-Berlin — LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Friendship Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Wor.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural-Berlin
STREET ADDRESS (If rural give location): Friendship

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Sylvester Thomas Pruitt
4. DATE OF DEATH (Month) (Day) (Year): Jan. 16 1949
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH: Aug. 14, 1868
9. AGE last birthday: 80 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): General farming
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: David Thomas Pruitt
14. MOTHER'S MAIDEN NAME: Sarah Parsons
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Howard Pruitt

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Myocarditis (chronic) — 5 yrs.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Colitis, gastritis

(c)

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death. [3/9/49 ahc]

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1945, 19....., to day of death, that I last saw the deceased alive on Jan. 16, 1949, and that death occurred at 11:45 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Frank Lewis M.D. — ADDRESS: Willards Maryland — DATE SIGNED: 1-18-1949.

23. BURIAL, CREMATION REMOVAL (Specify) — DATE: 1/18/49 — NAME OF CEMETERY OR CREMATORY: Evergreen Cem. — LOCATION (City, town, or county) (State): Berlin, Wor. Co. Md.

DATE REC'D BY LOCAL REG.: 1-18-49 — REGISTRAR'S SIGNATURE: Helen F. Hayward — 24. FUNERAL DIRECTOR: Anna A. Burlinge — ADDRESS: Berlin, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 25 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

500 / 1060 — 1024

Reg. Dist. No. 351

1. PLACE OF DEATH: COUNTY Worcester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Snow Hill | LENGTH OF STAY (in this place) 2 Months
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE — COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Newark | Rural #1
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Horace	Thomas	Spence	Jan.	20	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
Male	Colored	Single	Oct. 31-1948	2 mo 14 dy				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None	—	Newark Md	—

13. FATHER'S NAME: William M. Spence
14. MOTHER'S MAIDEN NAME: Dorothy Mathies

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No		None	William M. Spence

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Broncho Pneumonia — 3 days

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Bronchitis, acute — 6 days

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None	None	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
None	None	Snow Hill	Wo.	Md.

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work / Not While At Work	HOW DID INJURY OCCUR?
None m.	—	None

22. I hereby certify that I ~~attended~~ saw the deceased from on 1/20, 1949 to ....., 19....., ~~that I last saw the deceased alive on~~ ....., 19....., and that death occurred at 4:30 P.M., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
J. Evaesche	M. D.	D. M. E.	1/20/1949

23. BURIAL, CREMATION / REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Jan. 20 1949	Cedar Lawn	Newark, Worcester	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1/20/49	LeRoy Smith	Ulay E. Timmons	Snow Hill, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 24 1949
BUREAU V. S.

1025

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

794
162 b

Reg. Dist. No. 353

1. PLACE OF DEATH · COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Selbyville, Del. R.F.D.
LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Md COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 1 mile of Selbyville Del. 9 miles of Berlin Md
STREET ADDRESS (If rural give location) Rural

3. NAME OF DECEASED (Type or Print) (First) Alice (Middle) Mae (Last) Walters

4. DATE OF DEATH (Month) Jan. (Day) 26 (Year) 1949

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed
8. DATE OF BIRTH Unknown
9. AGE last birthday 100 yrs. 4
If under 1 year Months Days
If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Housework
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Delaware
12. CITIZEN OF WHAT COUNTRY? Ex. 59

13. FATHER'S NAME Unknown
14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT Rachel Ann Walters

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Senility

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) D.K.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 9 miles of Berlin (CITY OR TOWN) Worcester (COUNTY) Md (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased ~~alive on~~ dead 1/26, 1949 and that death occurred at 4 A m., from the causes and on the date stated above.

SIGNATURE N. E. Partonius (Degree or title) To M.D. — Dep. Med Examiner ADDRESS DATE SIGNED Jan 26-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Jan. 28
NAME OF CEMETERY OR CREMATORY Sarah Dukes
LOCATION (City, town, or county) Bishop, Md. (State)

DATE REC'D BY LOCAL REG. 1/27/49
REGISTRAR'S SIGNATURE Mrs. Roy Bergey
24. FUNERAL DIRECTOR Henry H. Watson, ADDRESS Pocomoke City, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 1 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

783.1 1026 1142

CERTIFICATE OF DEATH

Reg. Dist. No. 350

1. PLACE OF DEATH: COUNTY Worcester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Pocomoke | LENGTH OF STAY (in this place) 33 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke City Rural
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Walter	Whitehead		Jan.	14	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
male	white	widowed	June 9, 1875	73 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farming	—	Virginia	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Severn Whitehead	Rose Means

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
no		Elijah Whitehead

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary Hemorrhage	Very short Very short Pulmonary Hemorrhage
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Found above in a Coma

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No No

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Saw after death as Deputy Medical Examiner 1/14/49, 19..., to ..., 19..., that I last saw the deceased alive on ..., 19..., and that death occurred at about 6 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
N. E. Watson Sr. M.D.	Pocomoke City Md	1/15/49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Jan 17/49	Whitehead Cmetry	Townsend	Va.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Jan. 15. 1949	Anne E. White	Henry L. Watson	Pocomoke Md.

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